

**0-5 minutes**

Patient stabilization  
Always assess  
ABCs



**< 5 minutes**

First dose AED

**5-10 minutes**

Second dose AED.  
Along w/ 2nd agent

**10-20 min**

Administer 2<sup>nd</sup>  
Agent

**>20 minutes**

Advancing or  
retractable therapy

**Airway:** Consider intubation. 100% oxygen  
**Breathing:** Consider BVM ventilation  
**Circulation:** Obtain IV access (recommend two lines, if possible). IVF resuscitation

Laboratory Analysis  
(Do not delay therapy awaiting results)  
- Chemistries (inc Na, Ca, glucose)  
- CBC  
- AED levels

Other considerations  
-Empiric glucose therapy  
-Pyridoxine  
-Folate

**No IV Access Pathway**

**Midazolam** intranasal or **Diazepam** PR

Repeat  
**Midazolam/Diazepam**  
Consider **Fosphenytoin IM**

**Fosphenytoin IM**

**Infant IV Pathway**

(Children < 1 y.o.)

**IV Lorazepam**

Repeat **Lorazepam**  
**PLUS Phenobarbital**

Phenobarbital 20 mg/kg IV infused over 20 minutes

**Phenobarbital**

20 mg/kg IV  
Infuse over 20 minutes

**Pediatric IV Pathway**

(Children ≥ 1 y.o.)

Repeat **Lorazepam**  
**PLUS Fosphenytoin**

Fosphenytoin 20 mg PE/kg IV  
Infuse over 6 minutes

**Fosphenytoin**

10 mg PE/kg IV  
Infuse over 6 minutes

**Next Steps:** Should be done in consultation with Neurology.

Consider pentobarbital infusion (5-10 mg/kg load over 1 hour and infusion of 1 mg/kg/hr), midazolam infusion (0.2 mg/kg load and 0.1 mg/kg/hr infusion), IV keppra (10 mg/kg), additional phenobarbital (10 mg/kg), and/or inhaled anesthesia (isoflurane with Anesthesiology consultation).